

# WELLNESS SECRETS

## MEDICAL REMINDER FOR PARENTS

Parents will be required to provide necessary medical history. This will require include a current immunization record (blue card) and a physical examination form (within the past year.) It is require by law that a copy of the child's birth certificate is on file at the daycare.

If a child becomes ill during the day, we will attempt to reach you or the alternate names on your enrollment form. For the welfare of all the children, we will have to ask you to remove the sick child from the daycare.

### NO CHILD MAY REMAIN AT THE DAYCARE WITH ANY OF THE FOLLOWING SYMPTOMS:

- ❖ Severe coughing, causing a child to become red or blue in the face or to make a whooping sound; difficult or rapid breathing; stiff neck.
- ❖ Green runny nose
- ❖ A temperature in excess of 101 degrees
- ❖ Vomiting
- ❖ Diarrhea(more than one abnormally loose stool within a 24 hour period)
- ❖ Conjunctivitis (pink eye)
- ❖ Any other unusual sign or symptom of illness

A child identified as having head lice shall not be permitted to return until the following day and only provided that treatment has occurred and has been verified.

The child will be unable to return to the daycare until 24 hours after the last symptom without the aid of any medication. If the child has been ill due to a communicable disease, the student must have a doctor's release to return to the daycare.

If it is necessary for a child to have medication during the day, you will need to fill out a medicine form in the office daily. Full instructions for administering the proper dosage MUST BE on the form including a signature from the parent. The director or supervisor will administer the medication and initial and write the time medicine was given. All medicine MUST BE in the original package with the child's name labeled on the package.

If a child is injured during the day, a full accident report will be written out and presented for you to sign. If necessary, you will be contacted by phone. The accident reports are kept on file in the office; however, you may request a copy. All accident claims should be made through your own insurance company before making claims to the daycare insurance.

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NAME OF PERSON CONTACTED

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DATE

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TIME

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PARENT SIGNATURE

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DATE

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TIME

# FIRST ASSEMBLY CHRISTIAN SCHOOL

## OBSERVATION REPORT

Child's Name & Age	
Date & Time of Observation	
Where Did Observation Occur	


**Narrative:**

**Today We Observed Your Child:**

<input type="radio"/> Redness	<input type="radio"/> Bump(s)	<input type="radio"/> Bruise(s)	<input type="radio"/> Scrape(s)	<input type="radio"/> Rash
<input type="radio"/> Insect Bite(s)	<input type="radio"/> Vomiting	<input type="radio"/> Diarrhea	<input type="radio"/> Temperature	<input type="radio"/> Hives
<input type="checkbox"/> Severe Coughing	<input type="radio"/> Green Runny Nose	<input type="radio"/> Eyes That Are Red	<input type="radio"/> Eyes Leaking Mucus	<input type="radio"/> Lice
<input type="radio"/> Other:				

**We:**

<input type="radio"/> Washed	<input type="radio"/> Applied Ice/Cold Compress	<input type="radio"/> Bandaged	<input type="radio"/> Applied TLC
<input type="radio"/> Changed Clothing	<input type="radio"/> Applied Epi Pen	<input type="radio"/> Called 911	<input type="radio"/> Called Parent
<input type="radio"/> Time Parent Called:		By Whom:	
Which Parent Called:		Where:	
<input type="radio"/> Other:			
<input type="radio"/> Child will be unable to return to school until 24 hours after the last symptom without the aid of any medication. If the child is ill due to communicable disease, child must have doctor's release to return to school			

<p><b>Part of Body Observed</b></p> <div style="text-align: center;">  </div> <p style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Left Side</span> <span>Right Side</span> </p>	<p style="text-align: center; border: 1px solid black; margin-bottom: 5px;">Adult Witnesses to Observation</p> <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> </table>					

Staff Completing Form		Date:
Director/Person in Charge		Date:
Parent/Guardian		Date:

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